

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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WEBSTER, DRUMMOND

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

N.Y.P.D. 105 PCT
Queens Village One N.Y.

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)

15CV 9459

10-25-15

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name WEBSTER, DRUMMOND
ID # 441 15 08012
Current Institution V.C.B.C. 1 Halleck St Bx N.Y.
Address 1 Halleck St Bx NEW YORK N.Y.
10474

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

~~TRANSPORT~~
~~TRANSPORT~~ OFFICER
Defendant No. 1

Name _____
Where Currently Employed N.Y.P.D. 105 PCT
Address Queens Village One N.Y.

Shield #

Transport Officer

Defendant No. 2

Name _____

Shield # _____

Where Currently Employed N.Y.P.D.

105 PCT

Address Queens Village Ons N.Y.

Transport Officer

Defendant No. 3

Name _____

Shield # _____

Where Currently Employed N.Y.P.D.

105 PCT

Address Queens Village Ons N.Y.

Transport Officer

Defendant No. 4

Name _____

Shield # _____

Where Currently Employed N.Y.P.D.

105 PCT

Address Queens Village Ons N.Y.

Defendant No. 5

Name _____

Shield # _____

Where Currently Employed _____

Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Jamaica Hospital to the 105pct Queens Village

B. Where in the institution did the events giving rise to your claim(s) occur?

FROM THE PATIENT AREA TO THE HOLDING CELL
AT THE 105 PCT

C. What date and approximate time did the events giving rise to your claim(s) occur?

9-26-15 DID NOT HAVE IDEA OF TIME
DURING MY TRANSFER FROM HOSPITAL
TO THE 105PCT I WAS HURT & INJURED
TIME WASN'T MY CONCERN.

D. Facts: I WEBSTER DRUMMOND WAS ASSAULTED by OTHER. 9-25-15. AND TAKEN TO JAMAICA HOSPITAL TREATED AND DISCHARGED I WAS NOT ABLE TO WALK.

THE TWO OFFICERS WHO TRANSPORTED ME THE FIRST TIME DRAGGED ME FROM PATROL CAR INTO PT. (105) CAUSING INJURY TO MY RIGHT LEG HIP & KNEE. ALSO I WAS HANDCUTTED BEHIND MY BACK THEY THAT DAY DRAGGED ME CAUSING CUTS TO MY WRIST AND INJURY TO MY SHOULDER. I WAS HOUSED IN A CELL WITH NO TOILET WHICH I ASK TO USE THE BATHROOM I WAS IGNORED. MY NOSE STARTED BLEEDING AND I WAS TAKEN BACK TO JAMAICA HOSPITAL BY TWO FEMALE OFFICERS. WHEN I WAS DISCHARGED AGAIN THE FEMALE OFFICERS MANIPULATED ME INTO THE 105 PT. WHILE CURSING AT ME ALSO WITH NO REGARD TO MY INJURIES AND ADDING TO MY INJURIES

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. (RIGHT) LEG HIP KNEE.

(BOTH WRIST) CUTS

(LEFT SHOULDER) DISLOCATED BRUISED

I'M RECEIVING TREATMENT FOR MY (BT) LEG

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No _____

when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). TEN million Dollars

~~\$10,000,000~~ xx

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

**On
these
claims**

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff WESLEY DeMARIO

Defendants N.Y.P.D 113TH PCT

2. Court (if federal court, name the district; if state court, name the county) NEW YORK

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No *

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) M-1 AND 1500

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No *

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No *

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 25 day of OCTOBER, 2015

Signature of Plaintiff

Inmate Number

Institution Address

W.D.
441 15 08012
V.C.B.C. 1 HALICK ST
Bronx New York
New York N.Y.
10474

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 25 day of OCTOBER, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: W.D.

U.S. DUNNND 441-15-08012
V.C.B.C., HALICK ST
BROOK NEW YORK
N.Y. 10474

NEW YORK NY 100
30 NOV 2015 PM 5 L



UNITED STATES DISTRICT COURT
Southern District of New York

500 PEARL STREET N.Y.
NEW YORK N.Y. 10007-1312

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(local mail)

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